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Social workers' power of entry in adult safeguarding concerns: Debates over autonomy, privacy and protection

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Abstract

Purpose: The purpose of this article is to explore debates about the powers social workers may need to undertake safeguarding enquiries where access to the adult is denied.

Design/methodology/approach: The article takes as a starting point a scoping review of the literature undertaken as part of a study exploring social work responses to situations where they are prevented from speaking to an adult at risk by a third party.

Findings

A power of entry might be one solution to situations where social workers are prevented from accessing an adult at risk. The article focuses on the Scottish approach to legal powers in adult safeguarding, established by the Adult Support and Protection Act (Scotland) 2007 (ASPA) and draws out messages for adult safeguarding in England and elsewhere. The literature review identified that debates over the Scottish approach are underpinned by differing conceptualisations of vulnerability, autonomy and privacy, and the article relates these conceptualisations to different theoretical stances.

Social implications: The article concludes that the literature suggests that a more socially mediated rather than an essentialist understanding of the concepts of vulnerability, autonomy and privacy allows for more nuanced approaches to social work practice in respect of using powers of entry and intervention with adults at risk who have capacity to make decisions.

Originality/Value

This article provides a novel perspective on debates over how to overcome challenges to accessing adults at risk in adult safeguarding through an exploration of understandings of vulnerability, privacy and autonomy

Introduction

In many cultures the concept of private property is connected with notions of citizenship and political identity (Blomley, 2015). Blomley argues that property is also linked to privacy and creates an obvious boundary of the private realm. However, in all countries of the UK and in many other countries, some state agents (including social workers in certain circumstances) have powers to enter a person's property without consent (Home Office, 2014), even though this overrides rights which are closely linked with citizenship (Big Brother Watch, 2015).

In England, under s42 of the English Care Act 2014, local authorities have a duty to enquire where a safeguarding concern is raised in relation to an adult with care and support needs. National statutory guidance (DH, 2016, para 14.94) states that that professionals need to be able to talk with the adult at risk as a key part of safeguarding enquiries. However, in some situations social workers may find it

hard or impossible to gain access to the adult at risk, perhaps because third parties either refuse access to the home or do not make it possible to talk to the adult at risk in private. We term these as ‘hinder situations’ for the purposes of this article.

There are strongly held views voiced about the risks of over-intrusion in family and private life when considering the introduction of such powers. Prior to the Care Act 2014 being enacted, the Department of Health (DH) undertook a consultation specifically on whether there was a need for a new power of entry for social workers facing ‘hinder situations’ (DH, 2012). Overall, the submissions were in favour of introducing such a power (Norrie et al 2016). However, in its response to the consultation results, the DH (2013) emphasised that only 18% of members of the public were in favour, compared with 72% of social care and 90% of health professionals. A very small number of lay people who responded argued that a power of entry would provide unnecessary intrusion into private life and unjustifiably extend the powers of the state (DH, 2013). Views about the proportionality of such powers were expressed in the Parliamentary debates concerning whether a power of entry should be included in the Care Act 2014 (Manthorpe et al, 2016).

Ultimately, the then Coalition Government decided not to include any such new powers in the Care Act 2014. However, the debate continues. For example, Action on Elder Abuse (AEA), a UK-wide campaigning group, has recently issued another call for the creation of a specific crime of elder abuse and for ‘A power to access and speak to a potential victim of elder abuse’ (AEA, 2016: p4).

The four countries of the UK have taken different approaches to legal powers supporting adult safeguarding, as have other countries. We describe these below, to contextualise the article, which focuses on the potential lessons from the Scottish legal position for English and other jurisdictions.

Legislation passed in Scotland (the Adult Support and Protection (Scotland) Act 2007 - ASPA) currently offers the most focused response to hinder situations in the UK and it is more extensive than in Ireland and in certain states of the United States (US) and states and territories in Australia (Montgomery et al, 2016). At the time of writing (mid 2017) the Northern Ireland Executive has yet to decide whether to introduce a power (Williams, 2015). In Wales, professionals can apply to a Justice of the Peace for an 'adult protection and support order', which gives a power to enter in order to speak to an adult at risk. These orders were introduced by the Social Services and Well-being (Wales) Act 2014 (s127).

Consequently, England is the only UK country at the moment to have ruled out introducing a legally enforceable power of entry for professionals responding to safeguarding concerns (Williams, 2015). However, four legal routes are currently (2017) available in 'hinder' situations. The first is to apply to the High Court, which may, in certain circumstances under its inherent jurisdiction, grant non-molestation orders preventing the third party from impeding the safeguarding enquiry. Second, if there is reason to believe or it is known that the adult at risk lacks decision-making capacity (under the Mental Capacity Act 2005), the Court of Protection may make a personal welfare order, effectively making the decision to allow access on the adult at risk's behalf, although this does not directly involve a power of entry. Third, a power of entry is included in the Mental Health Act 1983 (s 135(1)), in support of a Mental Health Act assessment or with a view to making other care or treatment arrangements for the person, but not specifically to facilitate safeguarding enquiries.

Fourth, the police have powers to enter premises under Section s17(1) of Police and Criminal Evidence Act 1984 if there is risk to life and limb or the possibility of serious damage to property (Social Care Institute for Excellence, 2014).

This article will explore debates about a legal power of entry for social workers in 'hinder situations', focusing on the importance of consent, drawing on evidence and debate about legal powers in Scotland in order to inform ongoing debates in England about whether to introduce powers of entry and to suggest potential practice implications. Following a brief description of the research on which this article draws, the powers introduced in Scotland will be described in detail and a brief overview provided of the evidence about their implementation. We will highlight the debates over the introduction and use of a power of entry and other new associated powers of intervention in these situations. These sections will focus on the Scottish approach, but also make reference to the rest of the UK. We will discuss debates in relation to differing theoretical conceptualisations of vulnerability, autonomy and privacy, which emerged the literature review as of key importance, and suggest implications for policymakers and social workers.

Helping or hindering in adult safeguarding: an investigation of practice

This article draws on and extends a literature review undertaken in the first phase of this recently completed (Stevens et al, 2017) study that aims to collect and analyse data about the extent to which safeguarding and other services encounter difficulty in accessing and supporting community-dwelling adults at risk, which appear to stem from other parties' behaviours, actions and influence. Phase one of the larger study (Stevens et al, 2017) also included an analysis of part of the response to the government's consultation (DH, 2012) on a new safeguarding power (Norrie et al, 2016) and

an examination of the relevant Parliamentary debates, 2013-14, in the run-up to the enactment of the Care Act 2014 (Manthorpe et al, 2016). Phase two involved an online survey of adult safeguarding managers in England and phase three described the experiences and approaches to 'Hinder situations' taken in three research sites.

Literature review methods

The literature review aimed to explore evidence that professionals are being denied access to community-dwelling adults at risk, and the nature of policy and practice responses. It included publications in English and had a formal start date of 2000, though significant earlier publications were also considered. All types of literature were covered, including 'discussion pieces' and other non-research sources such as Hansard.

Seven social care and social science databases were searched for this literature review: Social Care Online (the Social Care Institute for Excellence database); Applied Social Sciences Index and Abstracts; International Bibliography of the Social Sciences; ProQuest Social Science Journals; ProQuest Sociology; Social Services Abstracts; Sociological Abstracts. Two legal databases were also searched: Westlaw UK and the British and Irish Legal Information Institute (BAILII).

Hand searches of the following journals were also made by reading titles and abstracts:

Journal of Elder Abuse & Neglect, volumes 1-27 (1988-2015); *The Journal of Adult Protection*, volumes 1-17 (1999-2015); *Elder Law Journal* (UK), volumes 1-5 (2011-2015)

The number of papers identified in the different stages of the literature review is summarised in Figure 1. This flowchart meets the requirements of PRISMA (Moher et al, 2009), though this was not a systematic review, in that no methodological criteria were applied.

Figure 1 Literature review flowchart

Background to the ASPA

The ASPA introduced four types of ‘protection orders’ (see Box 1), in addition to a power of entry, for which professionals have to apply to the Sheriff Court (similar to the County Court in England). A warrant for entry automatically accompanies the granting of any of these four protection orders. Warrants for arrest for breaching banning or temporary banning orders are often sought alongside applications for these kinds of protection order (Preston-Shoot & Cornish, 2014). Only social workers, occupational therapists and nurses, with at least 12 months’ relevant experience (termed Council Officers), are permitted to exercise the new powers (Scottish Government, 2014: 20).

Please insert Box 1 about here

Early consultations in Scotland identified that professionals supported the introduction of new powers (Atkinson et al., 2002). References were also made to key incidents or cases which raised the public profile of adult abuse in Scotland (e.g. Campbell et al., 2012; Fennell, 2011; Stewart, 2012). However there is some contention about the nature of the legislation which Stewart (2012) argued was based on concerns about balancing choice and safeguarding. Others have conceptualised this as

a balance between 'autonomy and protection' (Preston-Shoot & Cornish, 2014: 6). Concerns about over-intervention by the state were significantly allayed, though, by actual case examples (Stewart, 2012).

While adults with capacity can always decline to take part in a safeguarding interview, protection orders can be granted without the consent of the adult at risk if evidence can be shown that he or she lacks capacity (Preston-Shoot & Cornish, 2014), or if the refusal was a result of undue pressure to refuse consent, under s35 ASPA (Preston-Shoot and Cornish, 2014; Stewart and Atkinson, 2012). The ASPA Code of Practice (Scottish Government, 2014) gives an example of what may be considered undue pressure to refuse to consent under s 35(4) ASPA, that is, where it appears that:

- *'harm which the order or action is intended to prevent is being, or is likely to be, inflicted by a person in whom the adult at risk has confidence and trust; and*
- *that the adult at risk would consent if the adult did not have confidence and trust in that person.'*

Scottish Government, 2014: p57

However, this is an illustration, rather than a definition, and the Code makes it clear that it is possible to be unduly pressurised, in the terms of the Act, 'by a person that the adult is afraid of or who is threatening them and that the adult does not trust' (Scottish Government, 2014: 58; and see s 35(5) ASPA).

Overall, several studies and our analysis of the biennial reports produced by local authorities of activities under the ASPA, demonstrate there has been limited use of the powers introduced in the ASPA, although exact figures have not been produced (Ekosgen, 2013; de Souza, 2011a and 2011b; Keenan, 2012).

Balancing autonomy and protection under the ASPA

As we note in the introduction, the debate about a power of entry rests on arguments about how best to balance a need to respect autonomy and privacy whilst offering levels of protection (Preston-Shoot and Cornish, 2014). The next two sections will present findings from the literature exploring this debate from two perspectives: one which questions the introduction of the power, and the associated orders, in relation to the potential overriding of consent, and another which highlights the protective potential. The Discussion section explores the different constructions of autonomy and privacy underpinning these debates and speculates about their consequences for policy and practice.

Overriding autonomy and invading privacy?

ASPA protection orders of all kinds are usually only sought and granted with the consent of the adult about whom there are concerns. As noted above, refusal of consent may be overridden if a Sheriff holds a reasonable belief that the adult at risk has capacity, but is being unduly pressurised to refuse consent.

1
2
3 Securing a protection order against the expressed wishes of adults who have capacity is contentious.
4
5 Stewart & Atkinson (2012) referred to the argument that protection orders granted without consent
6
7 could be construed as infringing the adult's right to a liberty and a private life under Articles 5 and 8
8
9 of the ECHR (European Convention on Human Rights), but also note that 'this assertion has not yet
10
11 been fully tested in a legal sense' (Stewart & Atkinson, 2012: 172). The potential for such
12
13 infringements was arguably acknowledged in the ASPA Code of Practice (Scottish Government,
14
15 2014), in its detailed approaches to: ensuring that adults at risk consent to the order; establishing
16
17 that undue pressure has been asserted; or showing that the adult at risk lacks capacity (pp63-64).
18
19 Differing views have been expressed in the literature about the appropriateness of the balance
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21 struck by the Act and how it is being implemented.
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28 For example, Stewart (2012) reported concerns among interviewees in her study about evidencing
29
30 undue pressure under s 35 ASPA, although others expressed the view that without this provision the
31
32 rest of the powers would, in effect, be 'toothless' (p. 44). She suggested that fears about paternalism
33
34 may be allayed if interventions are targeted at investigating whether the adult at risk is acting
35
36 voluntarily and knowledgeably (as opposed to the council making decisions for them), prioritising
37
38 autonomy over protection. Stewart reported that this approach was said by professionals to
39
40 characterise what is taking place in the majority of cases (Stewart, 2012).
41
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47 Also giving a high priority to autonomy, Stewart and Atkinson (2012) and Sherwood-Johnson (2013)
48
49 proposed that allowing the decisions of adults who have capacity to be overridden when undue
50
51 pressure is identified indicated an unhelpful set of assumptions underlying the ASPA. Stewart and
52
53 Atkinson (2012) compared policies and structures involved in adult protection/safeguarding in the
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55 four UK countries with particular reference to different emphases placed on citizenship in each
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national context. They suggested that the provisions in the ASPA to allow some protection orders to be granted without consent of an adult who has capacity contribute to a process whereby the citizenship rights of capacitous adults are 'curtailed, compromised or made fragile by their lack of ability in certain areas' (p.164),

In addition to questions of citizenship and autonomy, decisions about when to intervene and particularly when to authorise powers of entry and removal against the expressed wishes of people who have capacity, are linked to understandings of vulnerability. Sherwood-Johnson (2013) compared applications of ideas about vulnerability and consent underpinning the ASPA with those underpinning child protection and domestic violence policy and practice. She argued that child protection policy constructs children as inherently vulnerable, whereas domestic violence policy does not construct an adult in this way. In domestic violence policy, the expressed wishes of the alleged victim are generally respected, despite evidence of possible undue pressure. She concluded that the measures included in the ASPA are based on an assumption that disabled people, older people and people with mental health problems are inherently more vulnerable than other adults because of their individual characteristics. Similarly, Pritchard-Jones (2016) argued that protective orders made under the inherent jurisdiction of the High Court of England and Wales are based on a notion of vulnerability that is 'two-dimensional – the meeting of an inherent characteristic, such as disability or age, with a risk of being subjected to some form of harm' (Pritchard-Jones, 2016: p55-56).

Vulnerability conceived in this way may not render the person unable to make a specific decision in Mental Capacity Act 2005 (MCA) terms, but creates a view that people with these kinds of impairments may be less able to resist pressure than other people without the impairments. In other

words it suggests their autonomy is more easily compromised. The MCA's stipulation that lack of capacity arises from an inability to make a decision 'because of an impairment of, or a disturbance in the functioning of, the mind or brain' (s2 (1) MCA) may also increase the tendency to link vulnerability to inherent characteristics of the individual. Sherwood-Johnson (2013) and Pritchard-Jones (2016) concluded that a more nuanced understanding of vulnerability, which takes into account impairment, power relationships and social context, might result in more appropriate judgments.

Protection outweighs or contributes to autonomy?

Preston-Shoot and Cornish (2014) maintained that the Scottish legislation assumes that protection should in some circumstances outweigh choice. The practitioners they interviewed, or who took part in the focus groups organised as part of the evaluation, acknowledged the dilemma of balancing autonomy and protection. However, they took the view that long-term autonomy is fostered by good protection and that the checks and balances limiting the powers of the ASPA protected autonomy appropriately and were embedded in practice. Preston-Shoot and Cornish (2014) also found that protection orders were being used as a "last resort", with the proportionality principle generally being followed' (Cornish and Preston-Shoot, 2013: 233). The low numbers of protection orders granted (Ekosgen, 2013) suggested to them that earlier fears about overly intrusive practice as a result of the ASPA may not have been realised.

Another view, identified in some of the small number of research studies studying professional perspectives, was that risks were created because the ASPA did not contain enough powers. While the research studies relating to the ASPA are few in number they have identified perceptions of insufficient provision to enforce protection orders (Mackay et al. 2011; Ekosgen, 2012; Preston-

Shoot & Cornish, 2014; Sherwood-Johnson, 2015). Practitioners in Sherwood-Johnson’s (2015) study perceived that banning orders could be ineffective because the adult for whom there are concerns may find it difficult to contribute to enforcing the order (Sherwood-Johnson, 2015). In addition, there is no obligation on the adult at risk to report any breach (Patrick & Smith, 2009). In addition, Ekosgen speculated that the potential benefits of the various protection orders might not be realised if they were more regularly breached ‘because abusers know that there is no significant retribution for doing so’ (Ekosgen, 2012: 21), although no studies of ‘abusers’ appear to have been undertaken. However, Ekosgen (2012) acknowledged that there is no evidence of this being a significant problem in terms of numbers and predict that strengthening the provisions of the ASPA would be contentious.

Preston-Shoot and Cornish (2014) concluded that, as a result of these limitations, the Act’s impact was restricted to people who are aware of the harm and want it stopped and not to those without capacity for whom other legislation applies. There appeared to be no way of protecting people with capacity who choose to stay in abusive situations, although it is about whom such people that concerns about overriding consent arise, because they disagree with professionals about how to proceed.

Discussion

The limited use of the ASPA powers by professionals may indicate their concern about the impact of the provisions in the Act on autonomy and citizenship, as explored in the two research studies on the subject (Stewart & Atkinson, 2012; Sherwood-Johnson, 2013) discussed above, and that they therefore proceed with caution. This is in accord with suggestions of a tension between the aims of

personalisation and safeguarding, as noted by Manthorpe et al (2011). Personalisation promotes the importance of individual autonomy and the transfer of responsibility and risk (Ferguson, 2007; Hough, 2012). However, some practitioners believe safeguarding is underpinned by a 'duty of care' that professionals and agencies have in relation to adults at risk, whether or not they have capacity (Stevens et al., 2016). Acquiring a legally backed power of entry and implementing removal or banning orders may highlight this tension, particularly when an adult at risk who has capacity does not consent.

Policy decisions about introducing a power of entry and social workers' considerations about whether to apply for a warrant to intervene in individual cases partly rely on the importance accorded to, and conceptions of, privacy. In an analysis of relationships between family and state, Wyness (2014) charted a move from a modernist dichotomy between public and private, towards a postmodernist understanding, which has much more porous boundaries, creating 'private' and 'public' as relative terms (Pitkin, 1981). The dichotomous view assumes an opposition between the public and the private, identifying practices, spaces and people as definitely one or the other. This view places politics and society in the public domain, whereas families and what happens within families in the private (Wyness, 2014). Such a construction would place more significance on a power of entry as breaching a formidable barrier. Wyness argued that changing family structures, policy and resulting professional practice have all contributed to a gradual breaking down of this barrier, although the idea of family life being associated with the private continues.

Changing family structures and less residential and hospital long-term care provision have led to an increasing use of paid care workers in supporting disabled adults in their homes (Pickard, 2015), again leading to blurring of public-private boundaries. In the UK, recent legislation in three of the

four countries has created statutory duties on local authorities to make enquiries when concerns are raised about adults at risk (or similarly described). In Northern Ireland, there is no legal duty, but the requirements are based on policy (Department of Health, Social Services and Public Safety and the Department of Justice, 2015). As we noted earlier, this requires social workers to communicate with adults in person, either in their homes or elsewhere. This is part of the legitimisation of state interest in the welfare of adults as well as children, as many campaigners maintain; for example, Action on Elder Abuse has specifically argued that adult protection needs to be given the same ‘legal status’ as child protection (Taylor, 2007).

Conceptions of vulnerability were explored in the section on balancing autonomy and protection. The debate rests on the extent to which inherent characteristics, such as physical or mild cognitive impairments, are seen as reducing the ability to resist undue influence or coercion, and therefore suggest impaired or limited autonomy. This debate exposes the contrast between two conceptions of autonomy, echoing the debate about privacy described above. The first is a view of autonomy as an inherent characteristic, which is based on ‘liberal philosophies that idealise moral and political subjects as self-sufficient and independent of others’ influence; subjects who are considered “autonomous” (Series, 2015: 81). The second starts from a view that social relationships and wider social structures can affect the person’s identity to such an extent as to raise questions about whether the person’s choices are made autonomously in the liberal sense (Mackenzie, 2008). There are several linked theories taking this second approach, known as ‘relational autonomy’. For example, one of the requirements for personal autonomy is a basic ‘self-trust’, which can be seriously undermined by certain social relationships. Self-trust can be undermined by oppression, including societal oppression of particular groups and coercion of individuals (McLeod and Sherwin, 2000). Furthermore, Mackenzie (2008) argued that doubts are also generated about the requirement to respect autonomy where undue influence is being brought to bear on the individual.

There is much debate among proponents of relational autonomy about the extent to which aspects of social relationships are causally related to autonomy (or its absence), or whether autonomy is constituted by aspects of social relationships (Westlund, 2009). The latter is seen as a 'strong substantive relational approach' (Mackenzie, 2008: 519). Such an approach to autonomy can lead to justification of more paternalist and potentially oppressive approaches (as feared by Stewart, 2012) towards individuals deemed to be in the wrong kind of social relationships or contexts, or even having the wrong kind of religious beliefs (Christman, 2004). Christman argued that it is the constitutive nature of autonomy under this characterisation of relative autonomy that denies that such decisions are autonomous in the liberal sense. He concluded that while social relationships and wider societal structures can affect (causally) the development and expression of autonomy, autonomy must still be considered possible within all kinds of social relationships and under very different contexts. In this way it is possible to mount an argument against paternalistic interventions on the grounds of respecting autonomy. However, Westlund (2009) proposed a softer version of the constitutive approach, arguing that autonomy is constituted by the disposition to answer for the principles guiding an individual's decisions in a real or imagined dialogue. This combines elements of an internalist view (the disposition is internal), with an outward focus towards actual or imagined conversations with others who are critical of the guiding principles cited for the individual's decisions.

Westlund's conception of autonomy can also facilitate more sophisticated thinking about the need for different types of interventions that could be of value. Mackenzie (2008) argued that social workers and other professionals, operating as agents of the state, have a duty to attempt to support individuals overcome challenges to their autonomy, stressing the importance of encouraging the

individual to reflect on decisions and how they have been reached. However, such decisions may still be respected as autonomous even where they seem counter to the adult at risk’s interests.

Using this less individualistic understanding of autonomy could provide some justification for the use of the more intrusive powers introduced by the ASPA, without the consent of the individual, given precautions over who can exercise these powers (only social workers or other professionals), under what conditions (requiring a court order) and within limits in time and the requirement to respect decisions made by people with capacity, after protection orders have been granted and implemented. However, it does not allow for extremely paternalist interventions that are risked by categorising decisions to stay within very risky situations, by individuals seen as being vulnerable (for example), as being non-autonomous and therefore not to be respected.

Conclusion

The ASPA 2007 provides a wide range of legally enforceable protective measures for social workers in Scotland undertaking safeguarding enquiries. These powers are markedly different to those available to social workers in England (and other parts of the UK), which are understood to take a long time to implement and to be costly. However, there is no evidence to date about the impact of introducing a power of entry for social workers and other professionals working in adult safeguarding in Scotland from case data or from the professionals’ or adults at risk’s perspectives. More empirical evidence is needed about experiences in Scotland and from English practitioners about the prevalence of cases, extent of difficulties, decision-making processes, their use of other approaches and opinions about the sufficiency of current legal powers.

We have argued here that a conception of autonomy as being in some way dependent (causally or constitutively) on social relationships and contexts, suggests that social workers need to explore potential factors limiting or preventing autonomous decisions. Such an exploration will enable social workers to consider the best kind of support required to promote autonomy for the adult at risk. Potentially, such support might involve offering a safe place to the adult at risk to help explore preferences and to make decisions. In England, it would not be possible to impose this on an adult at risk who had capacity to make the decision about whether such a safe space was necessary and while legally possible in Scotland, there is no record of such orders being imposed. The construction of vulnerability is another factor affecting the ascription of autonomy to an individual's decisions. Considering the balance of social causes and the impact of impairment in assessing levels of vulnerability may help social workers to make decisions about the need for interventions and whether to invoke legal powers (whether in England or Scotland). Furthermore, accepting a more blurred public-private boundary, which legitimises state interest in what happens within private dwellings, could also be used to support the introduction of a power of entry. This may be so whether there is a more straightforward power of entry as in Scotland or Wales, or in England, when decisions are made to take the difficult and uncertain route of using the inherent jurisdiction of the High Court to apply for orders. Such a conception of the public-private boundary may also be valuable in developing the 'softer' skills of mediation, negotiation and assertive outreach, with multi-disciplinary and multi-agency engagement and expertise needed to gain access to adults at risk in all situations.

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Box 1 ASPA protection orders

1. Assessment orders: allow professionals to enter premises and either interview an adult at risk on site or take him or her to another place for the purpose of conducting a private interview.
2. Removal orders: enable professionals to take the adult at risk to a place of safety for up to seven days (the duration is set in the order).
3. Banning orders: exclude a third party from a specified place (usually the home of the adult at risk), for up to six months.
4. Temporary banning orders: can be granted, pending the determination of an application for a banning order (Scottish Government, 2016).

Figure 1 Literature review flowchart

